

CONFIDENTIAL INFORMATION

From :

c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

To :

Dr. T NIMAJNEB ,NWORB
,TS TNORF 393
notsgnivoL, AV, 063294922

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c/o Focus Care
500 West Cummings Park, Suite 2700
Woburn, MA 01801

08/09/2023

Dear T NIMAJNEB ,

Re: Patient ENELYK KOOC, DOB: 10/20/1981

Recently, one of your patients had a health visit with Focus Care. The visit was authorized by Virginia Premier Health, your patient's health insurance plan.

The attached document is a copy of the laboratory test results from their visit with Focus Care. We hope the information from these test results will be valuable and support you in your role as a primary care provider.

If you have any questions, please call 1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Mattingly".

Mark Mattingly, M.D.
Vice President, Medical Affairs

Patient Assessment Summary

Name	: ENELYK L KOOC	Age	: 41
Date of Birth	: 1981-10-20	Member ID	: 78100011
Evaluator Name	: test clinicianFE, FNP	Date	: 2023-8-9 03:31 PM
Gender	: Female	Address	: ywH nosleN samohT 1428,notsgnivoL,VA
Lob	: DSNP	Marital Status	:
Email	:	Phone	: 4927624434,
Primary Language	:	Race	:

Vital Signs

Blood Pressure	/undefined mmHG	Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	3
Age	41	Patients Height	6 feet 2 inch	Patients Weight	70 lbs
BMI	9.0				

Allergies

None

Current Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
	APAP/CODEINETAB	TAB 300-30MG	Select	Select		
	PREDNISOLONESUS	SUS 1% OP	Select	Select		
	CIPROFLOXACNSOL	SOL 0.3% OP	Select	Select		
	INSULIN ASPAINJ	INJ 100/ML	Select	Select		
	SOFOS/VELPATTAB	TAB 400-100	Select	Select		
	FAMOTIDINETAB	TAB 20MG	Select	Select		
	FREESTY LIBRKIT	KIT 2 SENSOR	Select	Select		
	DEXCOM G6MIS	MIS TRANSMIT	Select	Select		
	DIAZEPAMTAB	TAB 5MG	Select	Select		
	DULOXETINECAP	CAP 30MG	Select	Select		
	VALGANCICLOVTAB	TAB 450MG	Select	Select		
	GLYCOPYRROLTAB	TAB 1MG	Select	Select		
	ENVARUSUS XRTAB	TAB 0.75MG	Select	Select		
	SMZ/TMP DSTAB	TAB 800-160	Select	Select		
	TRESIBA FLEXINJ	INJ 100UNIT	Select	Select		
	CLINDAMYCINSOL	SOL 0.01	Select	Select		
	POT CHLORIDETAB	TAB 20MEQ ER	Select	Select		
	ROSUVASTATINTAB	TAB 5MG	Select	Select		
	NOVOLOGINJ	INJ 100/ML	Select	Select		
	CEPHALEXINCAP	CAP 500MG	Select	Select		
	ATROPINE SULSOL	SOL 1% OP	Select	Select		
	ERYTHROMYCINOIN	OIN 5MG/GM	Select	Select		
	GABAPENTINCAP	CAP 300MG	Select	Select		
	TACROLIMUSCAP	CAP 0.5MG	Select	Select		

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	FREESTYLETES	TES LITE	Select	Select		
	BD PEN NEEDLMIS	MIS 32GX4MM	Select	Select		
	FREESTYLEMIS	MIS LITE	Select	Select		
	ONDANSETRONTAB	TAB 4MG ODT	Select	Select		
	OMNIPOD DASHMIS	MIS PODS	Select	Select		
	AMOX/K CLAVTAB	TAB 875-125	Select	Select		
	CLOPIDOGRELTAB	TAB 75MG	Select	Select		
	HYDROMORPHONTAB	TAB 2MG	Select	Select		
	NEUPOGENINJ	INJ 480/0.8	Select	Select		
	PROCRTINJ	INJ 10000/ML	Select	Select		
	MIDODRINETAB	TAB 5MG	Select	Select		
	FLUOXETINECAP	CAP 20MG	Select	Select		
	FUROSEMIDETAB	TAB 40MG	Select	Select		
	CALCITRIOLCAP	CAP 0.5MCG	Select	Select		
	TRETINOINCRE	CRE 0.0005	Select	Select		
	HYDROCO/APAPTAB	TAB 5-325MG	Select	Select		
	GABAPENTINTAB	TAB 800MG	Select	Select		
	CITALOPRAMTAB	TAB 10MG	Select	Select		
	LIDOCAINESOL	SOL 2% VISC	Select	Select		
	CEFUROXIMETAB	TAB 250MG	Select	Select		
	SALINE FLUSHINJ	INJ 0.009	Select	Select		
	OXYCOD/APAPTAB	TAB 5-325MG	Select	Select		
	JARDIANCETAB	TAB 25MG	Select	Select		
	KETOSTIXTES	TES STRIP	Select	Select		
	ALBUTEROL SULFAT	FAT E	Select	Select		
	LANTUS SOLOSINJ	INJ 100/ML	Select	Select		
	BD SWAB REGPAD	PAD SNGL USE	Select	Select		
	PEN NEEDLESMIS	MIS 31GX5MM	Select	Select		
	SHINGRIXINJ	INJ 50/0.5ML	Select	Select		
	SELENIUM SULLOT	LOT 0.025	Select	Select		
	POT CL MICROTAB	TAB 20MEQ ER	Select	Select		
	SMZ-TMPTAB	TAB 400-80MG	Select	Select		
	INSULIN SYRGMIS	MIS 0.3/31G	Select	Select		
	LORAZEPAMTAB	TAB 1MG	Select	Select		
	PREDNISONETAB	TAB 5MG	Select	Select		
	NYSTATINSUS	SUS 100000	Select	Select		
	FREESTYLEKIT	KIT SENSOR	Select	Select		
	AMOXICILLINTAB	TAB 875MG	Select	Select		
	PROGRAFCAP	CAP 1MG	Select	Select		

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	PREGABALINCAP	CAP 50MG	Select	Select		
	INSULIN LISPINJ	INJ JUNIOR	Select	Select		
	POT CHLORIDESOL	SOL 0.2	Select	Select		
	OMNIPOD 5 G6KIT	KIT INTRO	Select	Select		
	OMNIPODMIS	MIS 5 PACK	Select	Select		
	BUMETANIDETAB	TAB 1MG	Select	Select		
	AZATHIOPRINETAB	TAB 50MG	Select	Select		
	OMNIPOD 5 G6MIS	MIS PODS	Select	Select		
	LIDOCAINEPAD	PAD 0.05	Select	Select		
	GLUCAGONKIT	KIT 1MG	Select	Select		
	ACYCLOVIRCAP	CAP 200MG	Select	Select		
	PANTOPRAZOLETAB	TAB 40MG	Select	Select		
	GUANFACINETAB	TAB 1MG	Select	Select		
	TRAZODONETAB	TAB 100MG	Select	Select		
	SERTRALINETAB	TAB 100MG	Select	Select		
	CONTOURTES	TES NEXT	Select	Select		
	PROMETHAZINETAB	TAB 12.5MG	Select	Select		
	TRIAMCINOLONPST	PST DEN 0.1%	Select	Select		
	CIPROFLOXACNTAB	TAB 500MG	Select	Select		
	METRONIDAZOLTAB	TAB 500MG	Select	Select		
	ATOVAQUONESUS	SUS 750/5ML	Select	Select		
	NALOXONESPR	SPR 4MG	Select	Select		
	OXYCODONETAB	TAB 5MG	Select	Select		
	FREESTY LIBRMIS	MIS 2 READER	Select	Select		
	HUMALOG JRINJ	INJ 100/ML	Select	Select		
	LOSARTAN POTTAB	TAB 25MG	Select	Select		
	AMILORIDETAB	TAB 5MG	Select	Select		
	MIRTAZAPINETAB	TAB 7.5MG	Select	Select		
	CLONIDINETAB	TAB 0.1MG	Select	Select		
	AFLURIA QUADINJ	INJ 2021-22	Select	Select		
	NITROFURANTNCAP	CAP 100MG	Select	Select		
	NARCANSPR	SPR	Select	Select		
	MYCOPHENOLICTAB	TAB 180MG DR	Select	Select		

Over the Counter Medications / Supplements

None

Diagnoses under Chronic Care Management

None

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Care management related to patient's activity levels

Assisstive Devices and DME

None

Falls during the past year

None

Care management related to past medical history

Number of times in the past 12 months seen PCP :

Number of times in past 12 months been to the Emergency Room :

Number of times in past 12 months stayed overnight in hospital :

Number of times in past 12 months been in a nursing home :

Had Surgery in the last 12 months :

Providers:

Medical Specialty	Specialist	For
Primary Care Physician	T NIMAJNEB ,NWORB	

Family History:

None

Care management related to preventive care

Screenings completed during today's visit:

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
MICROALBUMIN	No				
FOBT	No				
A1C	No				
LDL	No				
RETINAL EYE EXAM	No				
DEXA	No				
PAD	No				

PHQ 2 Score:

Preventative Follow up needed

Screenings

None

Social

None

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Disease Management

None

Assessor Comments	
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